FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1												
		(See instruction	ons)					Office	use only			
1. NAME OF COMMITTEE (i	n full)	(Check if name is changed)		nple: If typyin the lines	g, type	12FE	4M5					
Nader for Pre	esident 2004 Gene	ral Election Cor	mmittee				ш				ш	Ш
			111			11	لـلــا				Щ	Ш
ADDRESS (number an	d street)	Box 18002					ш				ш	Ш
(Check if add	dress				ш		ш			Ш	Ш	Ш
is changed)	Was	hington		шш	ш	DC		1	20036	]-[_	ш	Ш
COMMITTEE'S E-M.	AIL ADDRESS		CITY			STATE	•		ZIP C	ODE 4	•	
	votenader.org											. 1
	1 1 1 1 1 1											Щ,
				шш			ш		ш	Щ	Щ	Щ
COMMITTEE'S WE	B PAGE ADDRESS (U	JRL)										
http://www.v	otenader.org						шШ		ш		ш	لــ
					ш		ш			ш	Ш	Ш
COMMITTEE'S FAX NUMBER 2022650092												
2. DATE M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y												
3. FEC IDENTIFICATION NUMBER C C00397216												
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)												
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete												
Type or Print Name of Treasurer Mr. Carl Mayer												
Signature of Treasurer Electronically Filed by Mr. Carl Mayer Date Date												
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS												
Office Use Only				For further in Federal Elect Toll Free 800 Local 202-69	ion Commiss -424-9530			F	FEC F			

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5.	TYPE OF COMMITTEE (Check One)					
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)					
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the cinformation below.)	candidate				
	Name of Ralph Nader Candidate					
	Candidate Party Affiliation  Office Sought: House Senate X President	State District  00				
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name of Candidate					
	(d) This committee is a (National, State (or subordinate) committee of the Re	emocratic, epublican,etc.) Party.				
	(e) This committee is a separate segregated fund					
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated full committee.	und or party				
6.	Name of Any Connected Organization or Affiliated Committee					
	None					
L						
	Mailing Address PO Box 18002					
	Washington DC 20	0036				
	CITY▲ STATE ▲	ZIP CODE				
	Relationship Affiliated Committee					
	Type of Connected Organization:					
	Corporation Corporation w/o Capital Stock Labor Organizat	ion				
	Membership Organization Trade Association Cooperative					

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W	rite or Type Committee Name						
	Nader for President 200	4 General Election Committee					
7.	Custodian of Records: Ide possession of Committee	entify by name, address, (phone numbooks and records.	nber optional), and posi	tion of the	e person in		
	Full Name						
	Mailing Address 1673 Columbia Rd NW						
		#702					
		Washington	DC	<u> </u>	20009		
	Title or Position ♥	CITY A	STAT	Έ <b>Α</b>	ZIP COD	E 🛦	
	Assistant	Treasurer	Telephone number	202		4000	
3.	name and address of any Full Name	and address (phone number optic designated agent (e.g., assistant tre	onal) of the treasurer of theasurer).	e commit	tee; and the		
	Mailing Address	1 River Place					
		New York	NY	, 	10036 _		
	Title or Position ♥	CITY A	STAT	EA	ZIP COL	DE A	
	Treasurer		Telephone number	202		4000	
	Full Name of Designated Agent  Oliver	Hall					
	Mailing Address	1673 Columbia Rd N	W				
		#702					
		Washington		<u> </u>	20009 _		
	Title or Position ♥	CITY A	STAT	E▲	ZIP COD	E A	
	Assistant	Treasurer	Telephone number	202	265	4000	

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9.	Banks or Other Deposafety deposit boxes on Name of Bank, Deposit	maintains funds.	nmittee deposits funds, holds accounts, rents
	Mailing Address	Amalgamated Bank  1825 K St NW	
		Washington	
		CITY △	STATE   ZIP CODE   △